CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAMPAIG	H PINANCE REPORT	COVER SHEET PG T			
The C/OH Instruction this form.	n Guide explains how to complete 1 ACCOUNT# RECE (Ethics Complete)	IVED2 Total pages filed: PM ANTONIO 7			
3 CANDIDATE / OFFICEHOLDER NAME	TITLE PIRST MI 2001 APT 201	OFFICE HOP ONLY			
TWANT.	NICKNAME LAST SUFFI	Date Réceived			
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CO				
Change of Address	SAN ANTONIO, TX 7828	33			
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI 5.	Receipt # Amount			
,	NICKNAME LAST SUFFI	Date Processed			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE 204 6000 WIN SAN ANT				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 229 - 1103				
8 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 lir	15th day after campaign treasurer appointment (officeholder only) mit Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month Day Year Month 3/27/01 THROUGH 4-/	Day Year 25/01			
10 ELECTION	Month Day Year ELECTION TYPE 05/05/01 Primary Runoff	General Special			
11 OFFICE	OFFICE HELD (if any) 12 OFFICE SOUGHT CITY	(if known) COUNCIL DIST. 5			
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.				
EXPENDITURE BY OTHER INDIVIDUALS	Name N/A	<u></u>			
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Code				
	GO TO PAGE 2				

Tex	as Ethics Commission	P.O. Box 120	70 Austin, Texas	78711-2070	(512	2)463-5800	1-800-	325-850
	CANDIDAT			REPORT:	_	_	ORM C/ SHEET F	
14	C/OH NAME	BERT T	. AROLH	CITY OF SAN	ANTONIQ. A	ACCOUNT	#(Ethics Commission	on filers)
* This box is for notice of political expenditures by political expenditures by political expenditures to support the Candida may have been made without the candidate's or officeholder's whowledge of consent. Candida this information only if they receive notice of such expenditures.					of the candidates a	officeholder. nd officeholde	These expendit ers are required t	ures o report
	COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	4				
		GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TR	EASIDED NAME				
	additional pages		COMMITTEE CAMPAIGN TR			.		
17	NO REPORTABLE ACTIVITY	Check here if r	o reportable activity occurr	ed during this reporting period. (S	ign affidavit below an	d submit pages	1 and 2 only.)	
18	CONTRIBUTION TOTALS			IONS OF \$50 OR LESS (OTH NTEES OF LOANS), UNLESS		\$	375.	00
			POLITICAL CONTRI THAN PLEDGES, LOAN	BUTIONS IS, OR GUARANTEES OF LO	ANS)	\$	375	í
	EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITUI	RES OF \$50 OR LESS, UNLE	SS ITEMIZED	\$	508.	85
		4. TOTAL	POLITICAL EXPEND	DITURES		\$	5330.	89
	OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF Y OF THE REPORTING	ALL OUTSTANDING LOANS PERIOD	S AS OF THE	\$	14,000.	00
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. BEATRICE LARA Notary Public, State of Texas My Commission expires Fubruary 19, 2005 Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said								
0	f <u>TTPK/L</u> ,20	0 <u><i>U</i> /</u> , to ceri	tify which, witness m	y hand and seal of office.				

BEATRICE LARA
Printed name of officer administering oath

Printed on recycled paper

Revised 05/11/2000

Notary Public
Title of officer administering oath

LOANS			SCHEDULE E	
		RECEIVED		
The Instruction Guil	e explains how to complete this form.	CITY OF SAR AN FUMPLE sch CITY CLERK	1	
2 FILER NAME ROE	BERT T. AROCHA	2001 APR 27 P ASCORDING # (E)	hics Commission filers)	
тота	L OF UNITEMIZED LOANS:		\$	
5 Date of loan 3 /29 / 0 /	7 Name of lender ROBERT T. AROC	out-of-state PAC (ID#:)	9 Loan Amount (\$) \$\frac{4}{5000.00}\$	
6 Is lender a financial Institution?	8 Lender address; City; State; 727 W. KIRK	Zip Code	10 Interest rate	
Y	SAN ANTUNIO,	TX 79226	11 Maturity date 8/20/01	
12 Description of Collate	eral		· · · · · · · · · · · · · · · · · · ·	
none			Ţ	
13 GUARANTOR INFORMATION	14 Name of guarantor		16 Amount Guaranteed (\$)	
not applicable	15 Guarantor address; City; State;	Zip Code		
17 Principal Occupation		18 Employer		
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City; State;	Zip Code	Interest rate	
Y N			Maturity date .	
Description of Collate	ral		,	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
not applicable	Guarantor address; City; State;	Zip Code		
Principal Occupation		Employer —	÷ .	
·	•			
if lender	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			
	· · · · · · · · · · · · · · · · · · ·			

POLITICAL EXPENDITURES		SCHEDULE F
	RECEIVE	ED
The Instruction Guide explains how to complete this form.	CITY OF SAMP CITY CLE	N TUNIO Total pages Schedule F:
2 FILER NAME ROBERT T. AROCHA	2001 APR 27 F	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name SAN ANTONIO POST	NEWSDAPE	7 Amount (\$)
3/29/01 6 Payee address; City; State; Zip Code P.O. BOX 14463 5AN ANTONIO, T)	× 78214	200.00
8 Purpose of payment (See instructions regarding type of information required.) POL. ADVERTISEMENT	9 •• Complete if d Candidate / Officeholder	irect expenditure to benefit C/OH •• name Office sought Office held
Date Payee name 3 30 0 JESUS L. RODRIGO Payee address; City; State; Zip Code 755 DARBY BLVD SAN ANTONIO, TX		Amount (\$) 500.00
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN M6R.	•• Complete if di Candidate / Officeholder i	irect expenditure to benefit C/OH •• name Office sought Office held
Date Payee name 4/2/01 OFFICE DEPOT Payee address; City; State; Zip Code 2321 S. W. MILITA SAN ANTONIO, TX	RY DR. 78224	Amount (\$)58.24
Purpose of payment (See instructions regarding type of information required.) OFFICE SUPPULES	•• Complete if di Candidate / Officeholder r	rirect expenditure to benefit C/OH •• name Office sought Office held
Date Payee name A/4/01 ACE MART REST SV: Payee address; City; State; Zip Code	7820A	Amount (\$) 97.04
Purpose of payment (See instructions regarding type of information required.) DUNATION TO SENIOR CENTER	Candidate / Officeholder i	rirect expenditure to benefit C/OH •• name Office sought Office held
ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	IEEDED

Texa	as Ethics Con	nmission P.O. Box 12070 Austin, Texas 7	78711-2070	(512) 463-5800	1-800-325-8506		
	POLITICAL EXPENDITURES SCHEDULE F						
			RECEIVED				
	The Instruction	N GUIDE explains how to complete this form.		Total pages Schedule F:	<u></u>		
2	FILER NAME R.O	BERT T. AROCHA	2001 APR 27 P3				
4	Date	5 Payee name		7	Amount (\$)		
	4/6/01	JESUS L. PODRIGUE 6 Payee address; City; State; Zip Code 755 DARBY BUVD 5AN ANTONIO, TX			500.00		
					i		
8	required.)	FAMPA16-N MFR	9 •• Complete if direct Candidate / Officeholder name	expenditure to benefit C/ o Office sought	OH •• Office held		
	Date	Payee name			Amount (\$)		
	46/01	VESVS L RODRIVVEZ Payee address; City; State; Zip Code 755 DARBY BUVD 5AN ANTONIO TX	 76207		200,00		
	Purpose of par required.)	yment (See instructions regarding type of information	Complete if direct Candidate / Officeholder name	expenditure to benefit Co	Office held		
	POL.	HAND OUTS					
F	Date	Payee name			Amount :		
	4/6/01				450.00		
		8021 W. MILITAI	24 DR.				
		SAN ANTONIO -					
	Purpose of pa required.)	yment (See instructions regarding type of information	Complete if direct Candidate / Officeholder name	expenditure to benefit C e Office sought	Office held		
	•	BLOCKWAIKERS			:		
F	Date	Payee name			Amount (\$)		
	4/13/0	Payee address; City; State; Zip Code 755 DARBY SAN ANTONIO, T	VEZ × 18207	· · · · · ·	900.00		
		eyment (See instructions regarding type of information CAM PAICH MBR.	T	t expenditure to benefit C e Office sought	/OH •• Office held		
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED						

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	CITY OF SAN ANTONIO Total pages Schedule F:
2 FILER NAME ROBERT T. AROCHA	3 ACCOUNT # (Ethics Commission filers) 2001 APR 2.1 P 3: 51
4 Date 5 Payee name 4/23/01 OFTICE DEPOT 6 Payee address; City; State; Zip Code 2321 S.W.MILIT SAN ANTONIO, TX	7 Amount (\$) 70,12 ARY DR 78224
8 Purpose of payment (See instructions regarding type of information required.) COPIES OF HAWDOUT	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name A/23/01 LA PRENSA Payee address; City; State; Zip Code 318 SOUTH FLORES SAN ANTUNIO, TX	
Purpose of payment (See instructions regarding type of information required.) ADVERTISING & PROMO	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date Payee name 4/24/01 SOVTHWESTERN BEN Payee address; City; State; Zip Code P.O. BOX 4945 HOUSTON TX 770	
Purpose of payment (See instructions regarding type of information required.) TELE PHONE	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name 4/25/01 CREATIVE EDGE Payee address; City; State; Zip Code 611 W. THEO AVE 5AN ANTONIO, TX	PRINTING & INV 67.96
Purpose of payment (See instructions regarding type of information required.) PRINTING CALLING CARDS	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIE:	S OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

		COVER SHEET PG 1		
this form.	ON GUIDE explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI T.	OFFICE USE ONLY		
	NICKNAME LAST SUFFIX AROCHA	Date Received		
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE: ZIP CODE P.O. BOX 831476	2 0		
Change of Address	SAN ANTONIO TX 78283	Date Hand-delivered ate Postracked		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI S.	PH CIFE CHAPTER A CHAPTER		
·	NICKNAME LAST SUFFIX SEMIEN	Date Processed DEED		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE: 204 GOODWIN SAN ANTUR	ZIP CODE 55		
7 CAMPAIGN TREASURER PHONE	TX AREA CODE PHONE NUMBER EXTENSION (210) 229 - 1103	78204		
8 REPORTTYPE	July 15 Sth day before election Runoff Supply 15 Sth day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year Month Day O1/01/2001 THROUGH 03/26	- 		
10 ELECTION	ELECTION DATE ELECTION TYPE O5/05/200 Primary Runoff	General Special		
11 OFFICE	OFFICE HELD (if any) 12 OFFICE SOUGHT (if kno	DUNCIL DIST.5		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by others without the ca Candidates are required to disclose this information only if they receive notification of the direction.			
BY OTHER INDIVIDUALS	Name N/A			
	Address / PO Box; Apt. / Suite #; City; State; Zip Code			
additional pages				
GO TO PAGE 2				
		!		

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	& TOTAL	S	COVER SHEET PG 2			
14 C/OH NAME	ERT T.	AROCHA	15 ACCOUNT #(Ethics Commission Rens)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	FROM may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are requestional this information only if they receive notice of such expenditures. ••					
	COMMITTEE TYPE	COMMITTEE NAME N/A				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	C) 200			
additional pages			TY OFF CIT 1 APR			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	CEIVE Y CLEIVE			
17 NO REPORTABLE ACTIVITY	Check here if r	to reportable activity occurred during this reporting period. (Sign affidavit belo	w and submit pages 1 and 2 or			
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN IS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 280.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 280.00			
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5655.49			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 9000.00			
19 AFFIDAVIT						
	BEATRICE I	_ARA	1			
	Notary Public, State of Texas My Commission expires February 19, 200 Signature of Candidate or Officeholder					
~		÷				
AFFIX NOTARY STAMP						
Swom to and subscribed before me, by the said ROBERT T. AROCHA, this the 5th day of April , 20 01 , to certify which, witness my hand and seal of office.						
Bluffrie Lana Notary PuBlic Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

LOANS				SCHEDULE E
The Instruction Gui	DE explains how to complete this form.		1 Total pages Sch	edule E:
2 FILER NAME	OBERT T. AROUHA		3 ACCOUNT # (E	thics Commission filers)
4 ТОТА	L OF UNITEMIZED LOANS:	\$ \$ \$ \$	t) t)	\$
5 Date of loan 2/1/01	7 Name of lender POBERT T. AR	out-of-state PAC (ID#:)	9 Loan Amount (\$) 3000.00
6 Is lender a financial Institution?	8 Lender address; City; State; 727 W. KIRK	Zip Code		10 Interest rate
12 Description of Collate	727 W. KIRK SAN ANTONIO,	TX 78226		11 Maturity date 6/20/01
none	ei di			
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City; State;	Zip Code		RECE Y OF SA CITY (APR -5
17 Principal Occupation		18 Employer		D REAL
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
3/1/01	POBERT T. AR	OCHA		\$ 3000.00
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SAN ANTONIO	TX 79226		Maturity date 7/20/0/
Description of Collate	ral ·			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code		
Principal Occupation		Employer	<u>:</u>	÷
lf lender i	ATTACH ADDITIONAL CO s out-of-state PAC, please see inst			requirements.
Printed on recycled paner				

Texas Ethics Co	mmission P.O. Box 12070 Austin, Texas	78711-2070	(512) 463-5800	1-800-325-8506
POLITI	CAL EXPENDITURES		SCH	IEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Schedule F:	10
2 FILER NAM	EOBERT T. AROCHA		3 ACCOUNT # (Ethics Comm	nission filers)
4 Date 2/13/01	5 Payee name OFFICE DEPOT 6 Payee address; City; State; Zip Code 2321 S W MILITARY DA			Amount (\$) 19 ,42
	SAN ANTONIO, TX	,		
required.)	COPIES UT HAMD OUTS	9 •• Complete if dire Candidate / Officeholder na	ct expenditure to benefit C/O me Office sought	Office held
Date 2/13/01	Payee name AURD ADVERTISING Payee address; City: State; Zip Code 3700 BLANCO RD SAN ANTONIO, TX 7	8212	# 12	Amount (\$)
Purpose of pay required.)	POUTTICAL SIGNS	•• Complete if direct Candidate / Officeholder nar	ct expenditure to benefit C/O ne Office sought	NECE SOLLAND S
9/16/01	Payee name JESUS RODRIGUEZ Payee address; City; State; Zip Code 755 DARBY BUVD SAN ANTONIO, TX		# 9	ANTONE FRX 90.00
Purpose of pays required.)	CAMPA) 6N M 6L.	•• Complete if direc Candidate / Officeholder nam	t expenditure to benefit C/Oh ne Office sought	Office held
Date 2/16/01	Payee name JESUS RODRIGUEZ Payee address; City; State; Zip Code 755 DARBY BUYD SAN ANTONIO, TX	79207		mount (\$) 24.00
Purpose of payr required.)	FUEL & PARKING REIMB.	•• Complete if direct Candidate / Officeholder nam	t expenditure to benefit C/OH e Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	DED	

Texas Ethics Cor	nmission P.O. Box 12070 Austin, Texas	78711-2070	(512) 463-5800	1-800-325-850
POLITIO	CAL EXPENDITURES	RECEIV CITY OF SAN CITY CLE	'ED SC Antonio Erk	HEDULE F
The Instruction	N GUIDE explains how to complete this form.		1 LTotal pages Schedule F	.+ 10
2 FILER NAME POB	ERT T. AROCHA		3 ACCOUNT # (Ethics Con	nmission filers)
	Flag Payee name HEB 6 Payee address; City; State; Zip Code 7 CASTROVIUS RD SAN ANTONIO, TX	T	······	Amount (\$) //. 35
8 Purpose of pay required.)	ment (See instructions regarding type of information 500000000000000000000000000000000000	9 ··· Complete if di Candidate / Officeholder r	rect expenditure to benefit C, name Office sought	Office held
2/20/01	Payee name SUADAWPE VUMBA Payee address; City; State; Zip Code 1547 5. ZARROMM SAH ANTON(0, TX	PA	····· \$ 4	Amount (\$)
Purpose of payr required.)	Supplies - SIBNS	•• Complete if dir Candidate / Officeholder n	rect expenditure to benefit C/ earne Office sought	OH •• Office held
2/21/01	Payee name KINKU'S Payee address; City; State; Zip Code 3740 NW WOP 4/0 SAH ANTON(0, TX		······ + ,	Amount (\$)
required.)	OPIES OF HAND OUTS	•• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/C ame Office sought	OH ↔ Office held
2/21/01	Payee name CITY OF SAN ANTO Payee address; City; State; Zip Code CITY HAW 2NO FW CITY CLERK OFF	DOR MILITA	PH PLZ \$ 3	Amount (\$)
Ригроѕе of рауп required.)	COPIES OF CLE	•• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/C ume Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

Revised 04/04/2000

Texas Ethics Co	mmission P.O. Box 12070 Austin, To	exas 78711-2070	(512) 463-5800 1-800-325-850
POLITI	CAL EXPENDITURES	RECEIVED ITY OF SAN ANTONIO CITY CLERK	SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.	OCI APR -5 P 4: 05	1 Total pages Schedule F:
2 FILER NAM	BERT T. AROCHA		3 ACCOUNT # (Ethics Commission filers)
Date 2/23/01 8 Purpose of pay required.)	5 Payee name OFFICE DEPOT 6 Payee address; City; State; Zip of MILITAL SAN ANTONIO; TX rment (See instructions regarding type of information)	RY DR 79224	7 Amount (\$) 130,3(
2	Supplies & Copies		
2/23/01	Payee name JGS UG RODPIUEZ Payee address; City; State; Zip C 755 DARBY SAN ANTONIO K	Code	Amount (\$) 500.00
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n	rect expenditure to benefit C/OH ·· ame Office sought Office held
0/23/01	Payee name JESUS PODRIGUEZ Payee address; City; State; Zip City; State;		# 20.00
Purpose of payr required.)	FV4L & PAKING		ect expenditure to benefit C/OH ·· ame Office sought Office held
Date 2/25/01 Purpose of payring required.)	Payee name OFFICE DEPOT Payee address; City; State; Zip Co 2321 SW MILITAN SAW ANTONIO, TX ment (See instructions regarding type of information COPIES OF HAMI) OUT	·· Complete if dire Candidate / Officeholder na	Amount (\$) # 11.33 act expenditure to benefit C/OH ** me Office sought Office held
	ATTACH ADDITIONAL COR	PIES OF THIS FORM AS NE	EDED
Printed on recycled	paper		

P.O. Box 12070 Austin, Texas 7	8711-2070	(512) 463-	5800 1-800-325-8506
POLITICAL EXPENDITURES	RECEIVED CITY OF SAN AN CITY CLERN	TONIO	SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.	2001 APR -5 P		chedule F: 4 of 10
FILER NAME POBERT T. AROCHA			
Date 5 Payee name BIW MIWEL BBQ 6 Payee address; City; State; Zip Code 25 IA S ZACZAMOR	79225		* //. 76
Purpose of payment (See instructions regarding type of information required.) MEATS - BUCKWALKERS		direct expenditure to	o benefit C/OH ··· ffice sought Office held
			Amount (\$)
Payee name OFFICE DEPOT Payee address; City; State; Zip Code 2321 5 W MILITOR SAW ANTONIO, TO	184 DR. L 79224		\$ 61.67 -
Purpose of payment (See instructions regarding type of information required.) COPIGS OF HANDOUTS	Complete if Candidate / Officeholds	f direct expenditure er name	Omoe soughi
Date Payee name U.S. POSTAL Payee address; City; State; Zip Coo. 1140 S. LAPADO SAN ANTON(0,7)	n Argenac X		* 13.60
Purpose of payment (See instructions regarding type of information required.) \$\int 0.977AGC\$	Complete Candidate / Officehol	if direct expenditur der name	e to benefit C/OH ·· Office sought Office held
Date Payee name JESUS RODRIBU Payee address; City; State; Zip Co 3/2/01 - 755 DARBY BU SAN ANTONIO,	ode VD	- 	# 500.00
Purpose of payment (See instructions regarding type of information required.) CAMPAL M MAR		te if direct expendit older name	ure to benefit C/OH ·· Office sought Office held
ATTACH ADDITIONAL CO	PIES OF THIS FORM	AS NEEDED	Revised 04/0-

	(512) 463-5800 1-800-325-8506
kas Ethics Commission P.O. Box 12070 Austin, Texas 7	RECEIVED SCHEDULE F
POLITICAL EXPENDITURES	CITY OF SAN ANTONIO CITY CLERK
in Leasthis form.	ZUUI APR - 9 1 Potation grant Schedule F: 5 . 5 /0
The Instruction Guide explains how to complete this form.	3 ACCOUNT # (Ethics Commission filers)
POBERT T. AROCHA	7 Amount (\$)
3/2/01 6 Payee address: City: State: Zip Code 769 DAPBY BLVD SAN ANTONIO, TX)).
8 Purpose of payment (See instructions regarding type of information required.) FULL & PAYKING RG) MB.	9 Complete if direct expenditure to believe to Defice held Candidate / Officeholder name Office sought Amount
Date Payee name OFFICE DEPOT 3/3/01 Payee address; City: State; Zip Co. 2321 S.W. MILLI SAL ANTONIO,) / · · · · · · · · · · · · · · · · · ·
Purpose of payment (See instructions regarding type of information required.) COPIGS OF HANDO	Candidate / Officeholder name Amount (\$)
Payee name HGB Payee address: City: State; Zip 721 CASTROV SAN ANTONIO Purpose of payment (See instructions regarding type of informations)	7820/ TX 7820/
Purpose of payment (See insuded.) GIFT - CHURCH BING	Amount (\$)
	TX 7820/
Purpose of payment (See instructions regarding type of inform required.) DEVELOPE PHOTO	Candidate / Officeholder Hame
ATTACH ADDITIONA	AL COPIES OF THIS FORM AS NEEDED

The state of the s

Texas Ethics Cor	mmission P.O. Box 12070 Austin, Texas	s 78711-2070	(512) 463-5800	1-800-325-850
POLITI	CAL EXPENDITURES	CITY OF SAN ANTO CITY CLERK	NIO SCI	EDULE F
The Instructio	א Guide explains how to complete this form.	2001 APR -5 P 4:	05Total pages Schedule F:	6 of 10
2 FILER NAME	POBERT T. AROCHA		3 ACCOUNT # (Ethics Comm	
4 Date 3/7/01	5 Payee name CREATIVE GOOG PV 6 Payee address: City; State; Zip Code 6/1 W. THEO AVE GAN ANTONIO, TX	,		Amount (\$) 7.96
8 Purpose of pay required.)	ment (See instructions regarding type of information		ect expenditure to benefit C/C ame Office sought	Office held
3/9/01	Payee name JESUS RUDRIUUG Payee address; City; State; Zip Code 755 DARBY BLV SAN ANTONIO, TX	Ø	· · · · · · · · · · · · · · · · · · ·	Amount (\$) 500,00_
Purpose of payr required.)	CAM PATUN MBR	•• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/C ume Office sought	H ·· Office held
3/9/01	Payee name JESUS PODNIGUEZ Payee address; City; State; Zip Code 755 DACBY BLV SAN ANTONIO, TX	D	· · · · · · · · · · · · · · · · · · ·	Amount (\$)
Purpose of paym required.)	ReIMB. FULL & WPKS		ct expenditure to benefit C/Oi me Office sought	Office held
7/10/01	Payee name BIN MINUER BB9 Payee address; City; State; Zip Code 3514 5. ZAYZAMA SAN ANTONIO, TX		4 6	mount (\$)
required.)	ent (See instructions regarding type of information EAUS- BLOCKWALKES		ct expenditure to benefit C/OF ne Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

composion more.

Candidate / Officeholder name

Office held

Office sought

POLITICAL EXPENDITURES	RECEIVED CITY OF SAN ANTONIO CITY CLERK	SCHEDULE F
The Instruction Guide explains how to complete this fo	orm. 2001 APR -5 Р 4: 05	1 Total pages Schedule F:
POBERT J. APOCHA	1	3 ACCOUNT # (Ethics Commission filers)
3//b/01 6 Payee address; City; State 755 DATBY SAN ANTONIO	; Zip Code BVVD	7 Amount (\$) 20.00
8 Purpose of payment (See instructions regarding type of infrequired.) PEIM FUEL & PA	ormation 9 · · Complete if di Candidate / Officeholder i	irect expenditure to benefit C/OH name Office sought Office held
Date Payee name Mc COUS 3/9/0(Payee address; City; State. 1654 5 Gen SAN ANTONO		* 29.10 -
Purpose of payment (See instructions regarding type of information) SUPPUIWS - SION	Candidate / Officeholder r	rect expenditure to benefit C/OH · name Office sought Office held
Payee name SANTA MARIA Payee address; City; State; 1142 CUPPK SAN ANTO	Zip Code	Amount (\$) \$ 12.74
Purpose of payment (See instructions regarding type of inforequired.) MBMS - BUOCK WA	Candidate / Officeholder n	ect expenditure to benefit C/OH ** ame Office sought Office held
Purpose of payment (See instructions regarding type of info	Zip Code OYZAMORA O, TX 79225	Amount (\$) /4,07
MEALS - BLOCKWAN	Candidate / Officeholder na	ame Office sought Office held
Printed on recycled paper		

POLITICAL EXPENDITURES	RECEIVED CITY OF SAN ANTONIO CITY CLERK
The INSTRUCTION GUIDE explains how to complete this form.	ZUUI APR -5 P 4: 051 Total pages Schedule F: 9 4 10
POBERT T. AROCHA	3 ACCOUNT# (Ship Carriers #1)
4 Date 5 Payee name CREATIVE LEDGE 3/23/01 6 Payee address; City; State; Zipo 7 Payee address; City; State; Zipo 8 Payee address; City	Code 1E TX 78225
Date Payee name	
3/13/01 Payee address; City: State: Zip C 755 DARBY B	VD \$ 600.00 _
Purpose of payment (See instructions regarding type of information	
required.) CAMPATON MOR	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name JES 05 POD016-0 7/23/01 Payee address; City; State; Zip 0 755 DARBY BLV SAM ANTON10, -	728.85
Purpose of payment (See instructions regarding type of information required.) FULL & DANKING DEIM	Candidate / Officeholder name Office sought Office held
Payee name OFFICE DEPOT Payee address; City; State; Zip C 2321 5. W. MIL SAN ANTONIO,	17ARY DR - 1 26.71
Purpose of payment (See instructions regarding type of information required.) CAULING CAUCIS	· · · · · · · · · · · · · · · · · · ·
ATTACH ADDITIONAL CO	PIES OF THIS FORM AS NEEDED

POLITICA	L EXPENDITURES	RECEIVED CITY OF SAN ANTONIO CITY CLERK	SCHEDULE F
The Instruction Gui	DE explains how to complete this form.	2001 APR -5 P 4: 09	Total pages Schedule F:
2 FILER NAME	SERT T. AROCHA	3	ACCOUNT # (Ethics Commission filers)
3/25/01 6	Payee name BIN MING BBO Payee address; City; State; Zip C 35 IA 5. 24 72 5AN ANTON 10, Ty	ode Amura (78225	7 Amount (\$) 10.73
required.)	(See instructions regarding type of information	Candidate / Officeholder name	expenditure to benefit C/OH •• Office sought Office held
21.1	Payee name EZ SHOP Payee address; City; State; Zip City	•	Amount (\$) 4 /5.70
required.)	(See instructions regarding type of information	Candidate / Officeholder name	expenditure to benefit C/OH Office sought Office held
	Payee name Payee address; City; State; Zip Co		Amount (\$)
Purpose of payment (required.)	See instructions regarding type of information	•• Complete if direct e: Candidate / Officeholder name	xpenditure to benefit C/OH ** Office sought Office held
	ayee name ayee address; City; State; Zip Co	de	Amount (\$)
Purpose of payment (required.)	See instructions regarding type of information	•• Complete if direct ex Candidate / Officeholder name	xpenditure to benefit C/OH •• Office sought Office held
Printed on recycled paper	ATTACH ADDITIONAL COP	IES OF THIS FORM AS NEED	ED